## Case 2:15-bk-54295 Doc 20 Filed 09/30/15 Entered 09/30/15 19:57:23 Desc Main Document Page 1 of 5

<b>-</b> :11	to this information to						ı					
	in this information to	Sheryl Ann N										
	otor 2 ouse, if filing)											
Uni	ted States Bankrupt	cy Court for the	SOUTHERN DISTRIC	CT OF OHIO								
Cas	se number 2:1	5-bk-54295					Chec	k if this is:				
(If kr	nown)								ent showin	g post-petition ollowing date:	•	
0	fficial Form	B 6I					N	MM / DD/ Y	YYY			
S	chedule I: \	Your Inco	ome								12/13	
spo atta	use. If you are sepach a separate shee	arated and you et to this form. ( Employment	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infor	mati	on abou	t your spe	ouse. If m	ore space is	needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	or non-fi	ling spouse		
	If you have more to attach a separate		Employment status	■ Employed				☐ Emplo	,			
	information about a		, ,	☐ Not employed				☐ Not employed				
	employers.		Occupation	Self Employed								
	Include part-time, self-employed wor		Employer's name	Little Learners	Pre-sch	ool	<u>II</u>					
	Occupation may ir or homemaker, if i		Employer's address	221 South High New Lexington		764						
			How long employed the	here? 4 years	as owi	ner		_				
Par	t 2: Give Det	ails About Mon	thly Income									
	mate monthly inco use unless you are s		ate you file this form. If	you have nothing to	report for	any	line, writ	e \$0 in the	e space. In	iclude your no	n-filing	
	u or your non-filing se space, attach a se		re than one employer, co this form.	ombine the information	on for all	emp	oyers fo	r that perso	on on the I	lines below. If	you need	
							For Del	btor 1		btor 2 or ng spouse		
2.			y, and commissions (be calculate what the month		2.	\$		0.00	\$	N/A		
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$		0.00	\$	N/A		

Deb	tor 1	Sheryl Ann McConaha			Case n	iumber ( <i>if ki</i>	nown)	2:1	5-bk-54	295	1	
					For I	Debtor 1			or Debtor			
	Cor	by line 4 here	4.		\$		0.00	\$	on-filing	_	N/A	
	·				-		<u> </u>	*-			14//	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5		\$		0.00	\$_			N/A	
	5b.	Mandatory contributions for retirement plans	5k		\$		0.00	\$_			N/A	
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$_			N/A	
	5d. 5e.	Required repayments of retirement fund loans Insurance	50 56		\$		0.00	\$ \$			N/A	
	5f.	Domestic support obligations	5f		\$ 		0.00	φ <sub>-</sub>			N/A N/A	
	5g.	Union dues	5g		\$—		0.00	\$			N/A	
	5h.	Other deductions. Specify:		9. h.+	\$			+ \$			N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 		0.00	\$			N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$		0.00	\$			N/A	
8.					*—	`	3.00	Ψ-			14//-	
0.	8a.	all other income regularly received:  Net income from rental property and from operating a business,										
		profession, or farm Attach a statement for each property and business showing gross										
		receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	88	a.	\$	2,367	7.00	\$			N/A	
	8b.	Interest and dividends	8b	b.	\$		0.00	\$			N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	ent									
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	^	\$		0.00	\$			N/A	
	8d.	Unemployment compensation	80		\$-		0.00	\$			N/A	
	8e.	Social Security	86		\$		0.00	\$			N/A	
	8f.	Other government assistance that you regularly receive			_			-				
		Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			•			•				
	0	Specify:	8f		\$		0.00	\$_			N/A	
	8g. 8h.	Pension or retirement income	86	g. h.+	\$		0.00	+ \$			N/A N/A	
	OII.	Other monthly income. Specify: family assistance	oi	· · · · ·	Φ	300	0.00	+ J			IN/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	2,66	7.00	\$_			N/A	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2	,667.00	+ \$		N/A	]=[	\$	2,667.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					1 [			] [		•
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Sched ude contributions from an unmarried partner, members of your household, y er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are r icify:	our dep		,	,		,	n <i>Schedu</i>	ıle J. +\$		0.00
40												
12.		If the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of Cellies								\$		2,667.00
										Со	mbin	ed
40										mo	onthly	/ income
13.	D0	you expect an increase or decrease within the year after you file this fo	rm?									
		No. Yes. Explain: Debtor is the business owner so her income fl	luctate	es f	from	month t	o mc	nth.	A pens	sion	fron	n former
		husband will come in summer 2015 (probably are completely separated. Debtor has no acce Standard month budget: Income: 10,000. Exp	Septe ss to s	mk spc	er) fo ouse':	or 57.00 s incom	per r e.	mont	th. Debt	or a	nd s	pouse
		3,965 payroll; 6 expense reimbursement; 216 r Perry County ESC; 4 postage; 997 taxes; 144 t 8 attorney; 25 bank fees; 11 cleaning; 102 con- insurance: 46 meeting costs: 17 staff gifts. In	mainte oys; 8 sumal	ena 77 ble	nce; utiliti s; 18′	103 mis ies; 216 1 bevera	c.; 17 acco ages;	7 NF ounti 13 i	S; 98 offing; 27 a	fice dve ons	sup ertise ; 268	plies; 5 ements;

expenses.

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Debtor 1 Sheryl Ann McConaha Case number (if known) 2:15-bk-54295

Official Form B 6I Schedule I: Your Income page 3

Fill	in this informa	ation to identify y	our case:					
Deb		Sheryl Ann I		12		Che	eck if this is:	
		Sileryi Ailii i	viccoriai	<u> </u>			An amended filing	
	tor 2							wing post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankr	ruptcy Court for the	SOUTH	ERN DISTRICT OF OHIC	)		MM / DD / YYYY	
Cas	e number 2:	15-bk-54295						or Debtor 2 because Debtor
(lf kı	nown)						2 maintains a sepa	arate household
Of	fficial Fo	rm B 6J						
		J: Your	Exper	nses				12/13
Ве	as complete	and accurate as	s possible	. If two married people a ach another sheet to this	re filing together, bot	h are eq	ually responsible f	or supplying correct
		n). Answer eve				,	pg,	,
Par		ribe Your House	ehold					
1.	Is this a joir	nt case?						
	■ No. Go to		in a sepai	rate household?				
	□N		•					
	ΠY	es. Debtor 2 mu	st file a se	parate Schedule J.				
2.	Do you hav	e dependents?	■ No					
	Do not list D		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents'	names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your exr	oenses include		l				⊔ Yes
٥.	expenses o	f people other t	han <sub>—</sub>	No Yes				
	yourself and	d your depende	nts?	165				
		ate Your Ongoi						
				uptcy filing date unless y				apter 13 case to report of the form and fill in the
app	licable date.	a date after the	Dankrupic	y is ilieu. Il tilis is a supp	Diemental Schedule S	, check	the box at the top t	or the form and the mit the
Inc	ludo ovnonco	s paid for with	non-cash	government assistance	if you know			
the	value of sucificial Form 6I	h assistance an	id have in	cluded it on Schedule I:	Your Income		Your exp	enses
•		,						
4.		or home owners and any rent for th		nses for your residence. I or lot.	nclude first mortgage	4.	\$	0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner'	s, or rente	r's insurance			\$	0.00
				upkeep expenses		4c.	\$	75.00
		owner's associa				4d.	\$	0.00
5	Additional r	nortgage navm	ents for v	our residence, such as ho	me equity loans	5	\$	0.00

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Debtor 1 Shery	Ann McConaha	Case num	ber (if known)	2:15-bk-54295
6. Utilities:				
	ity, heat, natural gas	6a.	\$	250.00
	sewer, garbage collection	6b.	\$	23.00
6c. Teleph	one, cell phone, Internet, satellite, and cable services	6c.	\$	108.00
6d. Other.	Specify:	6d.	\$	0.00
7. Food and ho	usekeeping supplies		\$	250.00
8. Childcare an	d children's education costs	8.	\$	0.00
9. Clothing, lau	ndry, and dry cleaning	9.	\$	60.00
10. Personal car	e products and services	10.	\$	54.00
1. Medical and		11.	\$	0.00
	on. Include gas, maintenance, bus or train fare.		· -	
	e car payments.	12.	·	200.00
<ol><li>Entertainmer</li></ol>	t, clubs, recreation, newspapers, magazines, and books	13.	\$	59.00
4. Charitable co	ontributions and religious donations	14.	\$	0.00
5. Insurance.				
	e insurance deducted from your pay or included in lines 4 or 20.		•	
15a. Life ins		15a.	·	13.00
15b. Health		15b.	·	3.00
15c. Vehicle		15c.	· -	79.00
	surance. Specify:	15d.	\$	0.00
	t include taxes deducted from your pay or included in lines 4 or 20.		_	
	ome (monthly average)	16.	\$	387.00
	r lease payments:	47	•	
	ments for Vehicle 1	17a.	· —	0.00
	ments for Vehicle 2	17b.		0.00
17c. Other.		17c.		0.00
17d. Other.	• •	17d.	\$	0.00
	ts of alimony, maintenance, and support that you did not repo		<b>Φ</b>	0.00
	m your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6 nts you make to support others who do not live with you.	5 <b>1).</b> 10.	\$	
Specify:	ints you make to support others who do not live with you.	19.	Ψ	0.00
· · · —	operty expenses not included in lines 4 or 5 of this form or on		our Incomo	
	ges on other property	20a.		0.00
20b. Real es		20b.		0.00
	y, homeowner's, or renter's insurance	20c.		0.00
•	nance, repair, and upkeep expenses	20d.		0.00
	wner's association or condominium dues	20d. 20e.		0.00
			*	
<ol> <li>Other: Specif</li> </ol>	y		+\$	0.00
2. Your monthly	expenses. Add lines 4 through 21.	22.	\$	1,561.00
The result is y	our monthly expenses.			,
3. Calculate yo	ur monthly net income.			
	ne 12 (your combined monthly income) from Schedule I.	23a.	\$	2,667.00
	our monthly expenses from line 22 above.	23b.	-\$	1,561.00
.,,				,
	t your monthly expenses from your monthly income.		6	4 400 00
The res	ult is your monthly net income.	23c.	\$	1,106.00
For example, do modification to to No.	ct an increase or decrease in your expenses within the year aft you expect to finish paying for your car loan within the year or do you expect he terms of your mortgage?	your mortgage pa		se or decrease because of a
☐ Yes.	The usual fluctation of the cost of living and gasoling	ne.		
Explain:				